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CONFIRMATION NO. 9630

<b>SERIAL NUMBER</b> 09/857,233	<b>FILING OR 371(c) DATE</b> 12/12/2001 <b>RULE</b>	<b>CLASS</b> 800 <i>435</i>	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 19452A-000130US
<b>APPLICANTS</b> Jamey D. Marth, San Diego, CA; Hudson H. Freeze, San Diego, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US99/28591 12/01/1999 which claims benefit of 60/110,671 12/02/1998 and claims benefit of 60/113,680 12/21/1998 and claims benefit of 60/114,174 12/30/1998 <i>yes Duf</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none Duf</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/04/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 51
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 20350				
<b>TITLE</b> Diagnosis of human glycosylation disorders				
<b>FILING FEE RECEIVED</b> 1538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	